

**GILA COUNTY
ENVIRONMENTAL SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH PROGRAMS**

Number 501.(b)-EH
December 23, 2002

Property Information: **APN #:** _____
 Physical Address: _____
 Owner: _____

STATEMENT OF UNDERSTANDING

The undersigned hereby certifies he/she understands the existing (non-failing) sewage disposal system presently serving the property listed above might, or might not, be adequate to serve the needs of the new or modified building being proposed. Additionally, the undersigned understands that, if the presently installed system fails in the future, a new or upgraded system must be installed in accordance with the requirements of Gila County Health Department and the Arizona Department of Environmental Quality.

The undersigned also certifies he/she understands that no warranty, nor guarantee, is given or implied that the property will meet the requirements of a new or upgraded sewage disposal system if the existing system fails in the future.

OWNER'S INFORMATION

Date: _____
Signed: _____
Name (print): _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____

AGENT/REPRESENTATIVE INFORMATION

Date: _____
Signed: _____
Name (print): _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____

WITNESS

Date: _____
Signed: _____
Name (print): _____

RECEIVED POWER OF ATTORNEY

☐ Yes